

Exempt Employee Salary Increase, Effective 12-1-06

1. What department or agency are you reporting for?
2. What is the total cost of the increase in FY 06-07 for your department/agency?
3. What percentage of your total payroll does this increase represent?
4. In what areas of your FY 06-07 budget will you achieve the savings necessary to offset the cost of this increase? Check all that apply and list the savings amount.

<input type="checkbox"/>	Personal Services	\$_____
<input type="checkbox"/>	Consultant Services	\$_____
<input type="checkbox"/>	Travel	\$_____
<input type="checkbox"/>	Training	\$_____
<input type="checkbox"/>	Other OE&E (specify)	\$_____
5. Who may we call if we have questions about the information provided on this form?
(Please provide name and contact information.)

*Please email, fax, or mail your completed form to
Dept. of Personnel Administration, Attn. Debbie Baldwin:*

DebbieBaldwin@dpa.ca.gov

Fax: 916-327-1886

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Sacramento, CA 95814